

**PLANNING COMMITTEE MEETING
SUMMARY NOTES
TUESDAY, MAY 4, 2004 · 10:30 – 12:00 P.M.**

I. Welcome and Introductions

Twenty stakeholders in attendance

II. Announcements

- *Medi-Cal Redesign Aging & Disability Workgroup* - Phase I of the redesign workgroup process concluded on April 28, 2004. LTCIP stakeholders, Bud Sayles and Julie Johnston, presented at the last Aging and Disability Workgroup on the importance of integrated care and Olmstead. Both presentations, along with the Medi-Cal Redesign Summary Report, are available on the LTCIP website at <http://www.sdcounty.ca.gov/cnty/cntydepts/health/ais/ltc/>
- *IHSS Residual Waiver Application* – the State is seeking approval of an 1115 federal demonstration waiver to provide continued coverage to all segments of the In-Home Supportive Services (IHSS) Residual population (domestic service only, spouse/parent providers, advance pay, protective supervision, etc). If granted, the demonstration will operate for five years, beginning July 1, 2004.

III. LTCIP Three-Strategy Update

(1) **Health Plan Pilots/HSD+** - Healthy San Diego Plus (HSD+) is a fully integrated service delivery model, with a proposed dual capitated structure from both Medi-Cal, and Medicare for the “dually eligible.” HSD+ plans to build on the infrastructure provided by HSD, the Medi-Cal managed care program in San Diego, with a special focus on quality, consumer-centered health, social and supportive services through improved chronic care management. The draft Administrative Action Plan (AAP) was released on April 7 for comment and is available to all by calling Evalyn Greb at 858.495.5428. The draft was formally presented to stakeholders for feedback and comments on April 14th. LTCIP staff and consultants are in the process of incorporating feedback into a revised AAP for further consensus development at the June 9th Planning Committee meeting. The AAP should be considered a perpetual working document, as it will be revised many times based on on-going feedback and analysis. Development of this model has been supported by the state DHS Office of Long Term Care (OLTC).

Legislative visit - Dr. Mark Meiners, National Program Director, RWJF Medicare/Medicaid Integration Program, recently testified to several legislative committees and state departments in Sacramento on the need to develop better coordinated/integrated systems of care for the chronically ill and the importance of supporting State and County efforts to plan and develop such models.

SB 1671 - Senator Vasconcellos has introduced new legislation that would allow for a MassSCO-type replication. The bill would authorize the state to develop and administer, in consultation with the federal Centers for Medicare and Medicaid Services (CMS), a demonstration project that integrates Medicare and Medi-Cal funding streams, medical benefits and long term care services for dually eligible persons as well as persons eligible for Medi-Cal only. Senate Appropriations hearing scheduled for May 20, 2004. LTCIP Staff will continue to track bill progress and analyze its potential impact on long term care integration in San Diego.

Proposed State Budget Bill – This bill would redirect remaining AB 1040 planning and development grants funds from the OLTC for a competitive procurement process that would provide up to \$500,000/yr over the next two years for local organizing groups to move forward in planning the final details of their respective LTCI projects. San Diego has been a participating county since 1999 and is prepared to submit a draft administrative action plan to the State OLTC by June 30, 2004. Submission of this working document is required for Counties to apply for the proposed funding.

(2) Physician Strategy – The second LTCIP service delivery model is the Physician Strategy, which is a fee-for-service model with care management provided by participating primary care physicians to improve consumer outcomes. The underlying goal of this managed fee-for-service model is similar to that of HSD+: quality, consumer-centered health and social services through improved chronic care management, but without the capitation risk. The California Endowment is currently funding this planning. The first physician focus group will take place May 19, 2004, with the support of the County Medical Society.

(3) Network of Care Strategy (NoC) - The NoC, which is not a service delivery option, has the potential to serve as the central data and communication system for the two service delivery models described above. This strategy builds upon an investment made by the County of San Diego to provide web-based access to a site loaded with local health and social service resources, information on assistive devices, pharmaceuticals, health literature, a legislative link, a community meeting planner, and a personal, password-protected medical record (www.networkofcare.org). The goal is to perform formalized testing to assess the adequacy of the database and function for physicians, consumers, caregivers, and Call Center users to enhance the system as an information warehouse and communication tool for providers and consumers and to develop a “continuous quality improvement” program that supports all LTCIP integration strategies.

NoC development will be supported by the LTCIP Community Education Workgroup, Dr. Meiners, and a recently awarded federal grant from the Administration on Aging. The grant project, to begin July 1, 2004, will bring approximately \$600,000 to San Diego over the next three years.

IV. Network of Care Presentation– Kathy Sterbenc, Trilogy Integrated Resources LLC, highlighted and demonstrated various features and capabilities of the San Diego Network of Care website, including key areas that have the potential to be tested and enhanced as part of a collaborative effort between Trilogy and the LTCIP’s Network of Care Strategy (“service directory,” “my folder,” “providers-only” section-website builder function, etc). Visit the website to learn more

<http://sandiego.networkofcare.org/aging/>

V. LTCIP Community Education Workgroup to support all three LTCIP strategies – Betty London, Ed.D, has agreed to Chair the workgroup. She presented a brief overview of the proposed goals and objectives of the workgroup. Phase I: Use NoC as catalyst to engage/focus consumers, caregivers, and providers in health education. Test & evaluate current usefulness and accuracy of website as a communication tool & community resource instrument; make recommendations for improvements; develop work plan for implementing necessary system improvements. The overall goal is to develop a coordinated & reliable system for I&R, assistance, assessment, education, chronic care management and communication across consumer and provider groups that improves community access to a continuum of health and social services; expands the community's ability to promote healthy behaviors and manage chronic conditions; helps create new relationships in health care where consumers & professionals work better together; is a valuable component of both LTCIP service delivery models.

IV. Group Comments, Questions, and Concerns

- Q: What security measures/protections are built into system to assure provider and consumer privacy? Is HIPPA an issue? A: Network of Care uses industry-standard efforts to safeguard the confidentiality of personal information, such as firewalls and Secure Socket Layers where appropriate. The site is also password protected at various levels. Based on the current set-up and functions of the Network of Care, HIPPA is not an issue. However, Trilogy recognizes that this may change in the future as additional features and capabilities are built into system.
- The Internet is currently full of inaccurate information re: health education, long term care, chronic care, etc. Q: How reliable/accurate are the articles and health-related information currently posted on website? A: The site is populated with articles provided by Healthwise, Inc., a non-profit organization that has developed resources for providing comprehensive, current, evidence-based, and unbiased information to consumers and providers. An independent medical advisory board reviews information in the Healthwise Knowledgebase to ensure medical accuracy and currency.
- Even though Internet use has grown, consumer buy-in and participation will be difficult to achieve
 - Low-income individuals often lack access to Internet resources
 - Elderly with physical and/or cognitive impairments, limited or no access to computers, and/or lack of interest and knowledge in using technology will be unwilling or unable to participate.
- Q: How will consumer participation and community (provider, caregiver, consumer, etc) awareness/education be addressed? A: Possible strategies include conducting outreach, education and training at the AIS Call Center as well as in naturally occurring community gathering places for seniors, caregivers, persons with disabilities and other hard-to-reach populations (e.g., Senior Centers, community centers, libraries, pharmacies, hospitals, clinics, physician group offices, Regional Centers, health and social service providers' offices, etc); making support staff and/or volunteers available to assist consumers, providers and caregivers with navigating the website and accessing needed information.
- Q: What will be the process for identifying, prioritizing and incorporating new information? A: LTCIP staff and consultants have begun to explore possible ideas and strategies for developing appropriate curriculum, media/informational materials, and implementation/dissemination and evaluation activities. Stakeholders are encouraged to offer suggestions and will be solicited for input and assistance in fleshing out workgroup goals, objectives and activities.

- V. **Adjourn- Next Planning Committee Meeting: Wednesday, June 9, 2004, 10:30 – Noon, Sharp Operations Center, 8695 Spectrum Center Court, San Diego, CA 92123.** If you have questions or would like more information, please call (858) 495-5428 or email: evalyn.greb@sdcounty.ca.gov or sara.barnett@sdcounty.ca.gov